PERSONAL REFERENCES

List as references three people other than relatives or former employers.

Note: Always obtain the approval of each person whose name you use as a reference.

Name		
Address		
City		
State	Zip	
Phone		(w)
Phone		(h)
e-mail		
Name		
Address		
City		
State	Zip	
Phone		(w)
Phone		(h)
e-mail		
Name		
Address		
City		
State	Zip	
Phone		(w)
Phone		(h)
e-mail		

HOW TO USE THIS DOCUMENT

This personal data record is an important part of your job search kit — the material you will gather as you prepare to complete applications and engage in job interviews.

Compile the information you will need about your employment background, personal information, your educational record, your military record (if applicable), and a list of references. Take this information with you when you meet with a potential employer.

Need more help? Contact a staff person in your nearest Wisconsin Job Center.

POINTS TO REMEMBER WHEN COMPLETING JOB APPLICATIONS

- 1. Read the form carefully. Note format and structure. Complete it in ink, or type.
- Don't be careless take your time.
 Neatness may determine your fitness for employment.
- 3. Be accurate and complete. Answer all questions. Use the phrase "does not apply" rather than leave a blank.
- 4. Do not leave employment gaps. Account for all periods of time.
- 5. Give yourself credit for part-time, summer, and volunteer work you have done.

The employment application is an opportunity to SELL YOURSELF. It represents you to the employer; make it work.



- **888/258-9966** (toll free)
- www.wisconsinjobcenter.org

Your Wisconsin Job Center features additional publications to guide you with your resumes and applications

Resume Writing — A Basic Guide (DWSJ-9433-P)

Work Application (DWS-5011)

Resume Worksheet (DWS-6024)

Avoid Application Form Errors (DWSJ-5913-P)

Transferable Skills (DWSJ-8961-P)

Employment Skills (DWSJ-9446-P)

To obtain single copies of this publication, visit your nearest Wisconsin Job Center. For multiple copies of this or other Wisconsin Job Center publications, contact Document Sales at 1-800-DOC-SALE (Visa/MasterCard accepted).

We invite your comments. Send an e-mail message to: jobcenter@dwd.state.wi.us

The Wisconsin Department of Workforce Development (DWD) is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact the DWD Equal Employment Opportunities office (e-mail: dwdeeo@dwd.state.wi.us).

DWSJ-4937-P (R. 10/2003)

Personal Data Record



A Handy Reference to Record Information Necessary to Complete Job Applications

Carry this record with you when applying for employment.

Keep this information up-to-date.

EM	PLOYMEN	NT RECO	RD: List all employment starting with you	ır most recent emp	oloyer. A	lso inclu	ıde signi	ificant summe	r, part-time, and volunteer e	mployment.			
	DATES		NAME OF COMPANY COMPANY ADDRESS AND TELEPH	,	1	JOB TITL	.E			TES AND SKILLS DEVELOPED	WAGES	REASON FOR LEAVING	
					4						Starting		
From	Month	Year	-		1						\$ per Final		
То	Month	Year			2						\$ per		
From					1						Starting		
То	Month	Year			2						\$ per Final		
	Month	Year									\$ per		
From					1						Starting		
То	Month	Year			2						\$ per Final		
	Month	Year									\$ per		
From					1						Starting		
	Month	Year									\$ per Final		
То	Month	Year			2						\$ per		
From					1						Starting		
. .	Month	Year									\$ per Final		
То	Month	Year			2						\$ per		
ED	JCATION A	AL RECO	RD: List all formal and informal educatio	nal activity. Start w	ith you	r most re	cent inv	olvement.	,		,		
TYPE OF SCHOOL		HOOL	NAME OF SCHOOL	CITY AND STA	ATE .	FROM YEAR	TO YEAR	GRADE COMPLETED	DEGREE EARNED	EARNED MAJOR FIELD VOCATIONA		SKILLS DEVELOPED	
PERSONAL INFORMATION: The following personal data may be requested on a job application form.									MILITARY RECORD				
Home address _ and zip code		_	In case of emergency notify					Branch of Service					
									Date entered				
Home phone Phy				Physic	Physical limitations					Date discharged	Date discharged		
Social Security No.			Note:	Note: Many employers require an extensive health record. Be sure to list only those				record. Be sure to list only those	Type of discharge	Type of discharge			
Drivers License No.			physic	physical problems that limit your ability to do the job for which you are applying.				for which you are applying.	Campaigns				